

[illegible]

MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES - ALCOHOL & DRUG INFORMATION SYSTEM
CLIENT DISCHARGE FORM

1. Program Number			
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2. Client ID . . .									
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3. Admission Date

mo		day		year			

4. Type of Care (Use Type of Care Code Table)

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5. Facility.....		
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6. Client Status at Admission

1. Admission 2. Transfer in Service

7. Discharge Date

mo		day		year			

8. Referral Program (Use Program Table)

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9. Referral Agency (Use Referral Code Table)

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10. Reason for Discharge

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1. Treatment Plan Completed
2. Client Left Voluntarily Before Treatment Plan Completed
3. Client is Inaccessible (moved, died, in prison, etc.)
4. Client Transferred to Another Care Modality
5. Client Left at Request of Staff
6. Client Referred to Another Program

Items 11-15: SERVICES PROVIDED In the spaces below, enter the total number of units for each type of service that has been provided to the client in this level of care.

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* "Unit" of service = 1 hour

16. Is the client adversely affected by his/her gambling?

☐ Check for YES

17. Coded Remarks . .								
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